ST	STATEMENT OF ORGANIZATION			OFFICE USE ONLY	
Name and Address of Committee		2. Date of this Statement	PAC		
Louisiana Community Health		2/17/2015	5/0		
8583 Highway 499 Winnfield, LA 71483		3. Estimated Membership 15-20	P4C 5/0 3/16	1500	
Check If: New Committee	Monthly Filer	4. Amended Statement? YesNo	#893127	5003146	
5. All Committee Officers an	d Directors (including Chairperson, Trea	asurer, if any, and any other committee	officers and directors)	-	
a. <u>Name</u>	b. <u>Position</u>	c. <u>Address</u>			
Deano Thornton Chairperson		8583 Highway 499 Winnfield, LA 71483			
Beth Chumley Treasurer		1135 Andries Street I	1135 Andries Street Many, LA 71449		
6. Affiliated Organizations (Any organization, other that a. Name N/A	nan a political committee, which directly b. <u>Address</u>	or indirectly established, administers, o	or financially supports this com		
a. Name Sabine State E Trust Co.	b. <u>Address</u> Bank & 5917 U.S. 167 Winnfield, LA 7		ngs and loan institutions or mo	ney market mutual	
8. IF THIS COMMITTEE SU Committee	PPORTS A SINGLE CANDIDATE: a	. Check one:Principal Carr	npaign Committee	Subsidiary	
b. Name of Candidate			c. Office Sought by the C		
9. a. Name of Person Prepa	aring Report Mary-Patricia W	Vray	a). Sa	•	
b. Daytime Telephone	225-395-9961				
10. WE HEREBY CERTIFY (hat the information contained in this STA	ATEMENT OF ORGANIZATION is true	and correct to the best of our kr	nowledge, information	
This 18 day of Signature of C	bruary 20	<u>015</u>	<i>F - 481 - 9693</i> aytime Telephone Number	<u>, </u>	
Signature of C	Chumley Committee Treasurer, if any		18 - 470 - 12 aytime Telephone Number	07	